



CONSUMER STATEMENT
 STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 165 Capitol Avenue ♦ Hartford CT 06106
 E-Mail: trade.practices@po.state.ct.us
 Fax Number: (860) 713-7239

1. Return form to Agency at address show above
2. Type or print CLEARLY

For Official Use Only

YOUR NAME		HOME TELEPHONE # (w/ area code)		BUSINESS TELEPHONE # (w/ area code)		ARE YOU 65 OR OLDER? YES NO	
STREET ADDRESS		CITY		STATE	ZIP CODE	E-MAIL ADDRESS	
PARTY/COMPANY COMPLAINED AGAINST		PERSON DEALT WITH and TELEPHONE # (w/ area code))				POSITION	
STREET ADDRESS		CITY		STATE	ZIP CODE	E-MAIL ADDRESS	
INFORMATION: WAS A CONTRACT INVOLVED? YES NO		IF "YES", ENTER DATE		TYPE OF CONTRACT: ORA L WRITTEN		PRODUCT OR SERVICE INVOLVED	
DATE PURCHASED		COST \$		HOW PAID CASH CREDIT CARD INSTALLMENT CONTRACT LAY-AWAY			
WAS THE PRODUCT OR SERVICE ADVERTISED? YES NO		HOW?		DATE & PLACE OF ADVERTISEMENT (PLEASE ATTACH COPY IF POSSIBLE)			
HAVE YOU CONTACTED THE COMPANY REGARDING YOUR COMPLAINT? YES NO		IF "YES" ENTER DATE		PERSON CONTACTED		POSITION	
HAVE YOU HIRED AN ATTORNEY? YES NO		IF "YES", NAME OF ATTORNEY		IS COURT ACTION PENDING? YES NO		IF "YES", IN WHAT COURT?	

NOTE: DO NOT send any other paperwork or documentation with your complaint at this time. If further documentation is needed you will be notified. We will not be able to return or forward any material sent to this department. Please provide a **detailed** statement regarding the facts of your complaint below. We encourage consumers to try and resolve their issues with the company involved. More information can be obtained from our website: www.state.ct.us/dcp. You may also find information on the Small Claims Court and Superior Court process at www.jud.state.ct.us.

SIGNATURE

DATE

Attach as many additional pages as needed to complete your statement.

Note: All complaints are public information. By submitting this complaint, you give the Department of Consumer Protection your permission to release a copy of this Consumer Statement.